



MAINE

❖ 171 State House Station, Augusta, ME 04333
 ❖ Ph: 207-287-5403
 ❖ Fx: 207-287-7553
 ❖ Email: casamaine@maine.gov

MAINE CASA VOLUNTEER APPLICATION

(Please Print or Type)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell: _____ Fax: _____

SSN: _____ - _____ E-mail: _____

Do you speak another/secondary language? ☐ English ☐ Spanish ☐ Signing ☐ French ☐ Other: _____

Referred by: ☐ Flier ☐ Friend ☐ Internet ☐ Newspaper ☐ Radio ☐ National Media ☐ NCASAA ☐ Other
☐ Unknown ☐ Volunteer referral agency

Employment Status: ☐ Full Time ☐ Part Time ☐ Student ☐ Not Employed ☐ Retired

Current Place of Employment: _____ Position Held: _____

Supervisor: _____

Work Telephone: (_____) _____ - _____ Ext. _____ May we call you at work: ☐ Yes ☐ NO

Educational Background

	School	Degree	Graduated
High School			
Trade School			
College			
Post-College			
Other			

***Please include a copy of your driver's license and
 current vehicle insurance card along with application.***

Do you drive? ☐ Yes ☐ No

Do you have regular access to a vehicle? ☐ Yes ☐ No

Driver's license number: _____ State: _____

Car Insurance Company: _____ Policy Number: _____

Have you had any moving traffic violation(s) in the last 10 years? ☐ Yes ☐ No

If yes, please list: _____

Have you been convicted of any crimes in the last five years: ☐ Yes ☐ No

If yes, please list: _____

Employment History

Please list your last 3 employers, and/or volunteer activities.

Place of Activity: _____ Telephone Number: (____) ____ - ____

Position: _____

Supervisor: _____

E-Mail Address: _____ From: ____/____ To: ____/____

Reason for leaving: _____

Place of Activity: _____ Telephone Number: (____) ____ - ____

Position: _____

Supervisor: _____

E-Mail Address: _____ From: ____/____ To: ____/____

Reason for leaving: _____

Place of Activity: _____ Telephone Number: (____) ____ - ____

Position: _____

Supervisor: _____

E-Mail Address: _____ From: ____/____ To: ____/____

Reason for leaving: _____

Personal Experience

Can you perform the functions of a CASA volunteer with or without a reasonable accommodation?

Please explain any personal experience you have had with the following:

The Court System: _____

The Child Welfare System: _____

The Foster Care System: _____

As a CASA, you will be working with children who may have experienced emotional, physical or sexual abuse, and/or serious neglect. Many will be living in foster care. Do you have any personal experiences that might affect your ability to work on cases involving these issues? _____

What qualities do you think are necessary to be an effective CASA volunteer? _____

Child Preferences that you would prefer to work with. (Optional) We may not always be able to match you up with the exact type of child you want, but will make every effort to do so.

Gender: ☐ Male ☐ Female ☐ Either

Number of Children: ☐ Single child ☐ Sibling Group ☐ Either

Age range: ☐ Any ☐ Birth to 5 ☐ 6 to 11 ☐ 12 to 18

Are you a foster parent? ☐ Yes ☐ No

Are you planning to become a foster parent? ☐ Yes ☐ No

Do you offer respite care in your home? ☐ Yes ☐ No

Do you provide kinship care in your home? ☐ Yes ☐ No

Please provide a brief biography to help us understand your interest in CASA. _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

APPLICANT DECLARATION

I understand that by submitting this application I authorize CASA personnel to make inquiries of the State Bureau of Identification, Criminal Records Check and the Maine Department of Human Services concerning my suitability as a volunteer. I further understand that by submitting this application I authorize inquiries to be made concerning my employment and character. The information requested in this application and any additional information that may otherwise be obtained will be used only for the purpose of determining suitability as a volunteer. **All information will be held in confidence.**

I understand that all CASA volunteers are subject to the training and other requirements of the Maine CASA program and may only serve as CASA guardians ad litem with the approval of the CASA Director.

I hereby certify that all statements made on this application are true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____, 20 ____.

References

References must have at least one telephone number. Please list 3 references, not related to you, preferably from employment or volunteer activities, who are able to discuss your ability to be an effective CASA. **Three written references are also needed. You may use the people listed below as your written personal references also. (See last two pages of application).**

Name: _____

How known: _____ Home Phone: (_____) _____ - _____

Business Phone: (_____) _____ - _____

E-Mail Address: _____

Name: _____

How known: _____ Home Phone: (_____) _____ - _____

Business Phone: (_____) _____ - _____

E-Mail Address: _____

Name: _____

How known: _____ Home Phone: (_____) _____ - _____

Business Phone: (_____) _____ - _____

E-Mail Address: _____

**MAINE JUDICIAL BRANCH
BACKGROUND INVESTIGATION INFORMATION**

NAME: _____
First Middle Last

Maiden or previous names used _____

Applicant Information: If selected to work in the Maine Judicial Branch, it is our standard practice to conduct a criminal history background investigation. To start this process, please answer the following question: Have you ever been convicted of any criminal offense, not including non-criminal traffic offenses?

No _____

Yes _____ If yes, please explain: _____

Signature (Interviewer or Applicant) ☐ INTERVIEWER ☐ APPLICANT

BIRTH DATE: ____/____/____ SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER: _____ STATE _____

PRIOR DRIVER'S LICENSE NUMBER: _____ STATE _____

CURRENT ADDRESS:

From To

Street City State Zip

PREVIOUS ADDRESS:

(Use back of form to list all addresses within the last ten years)

From To

Street City State Zip

By signing this document, I understand that if I am selected to work in the Judicial Branch, a background investigation will be conducted by the Maine Judicial Branch Office of Court Security. This background investigation will include, but is not limited to, an inquiry and documentation of any criminal or motor vehicle arrest and conviction records. I understand that my status as an employee, contractor or volunteer with the Judicial Branch is contingent on the results of this investigation.

I hereby consent to a background investigation and give permission to the Office of Court Security to examine any criminal and motor vehicle arrest and conviction records, or other regulatory agency records that pertain to me.

Signature (Prospective Employee, Contractor, Volunteer) Date

Name of person requesting investigation Office/Location Date

Investigation for: ☐ employee ☐ contractor ☐ volunteer

AOC/ohr REV. 05/01/04



John Elias Baldacci
Governor

Brenda Harvey
Commissioner

MAINE DEPARTMENT OF HEALTH HUMAN SERVICES
INITIAL RELEASE AUTHORIZATION FOR
MAINE CHILD PROTECTIVE SERVICES CASE RECORDS RESEARCH

AGENCY ID # : 306

AGENCY NAME: Court Appointed Special Advocates

I, _____, authorize release of confidential information by
(Please print clearly)
the Maine Department of Health and Human Services, Office of Child and Family Services, regarding
whether I have been involved in a substantiated Maine Child Protective Services case.

~~Enclosed is the \$15.00 fee authorized under P.L. 2003, C. 673, Part W, payable to the Treasurer, State of
Maine. FEES Waived.~~

I understand that:

- a. If this search shows that I have been involved in a substantiated child protective case,
another release by me is required before the nature of my involvement will be disclosed to the
agency/service provider identified below.
- b. This information will be used as part of the agency/service provider's assessment of my
suitability to provide services for children, adults, and families for this agency.
- c. This information is subject to continuing confidentiality as provided by Maine statutes Title 22
§4008.

This consent will expire upon the release of the information as authorized.

This consent may be revoked by me in writing at any time, except for information that has already been
released.

Agency/Provider to receive this information:

Lisa Waitt
Court Appointed Special Advocates
171 SHS, 24 Stone St, 1st Floor
Augusta, ME 043330171

My date of birth: _____
(Confidentiality laws prohibit providing information on individuals
under 18.)

Other names I have been known by, including maiden name.

Signature (subject of records research) Date

Address

This form should be completed by the individual who is the subject of the child protective records research request.
This form should accompany the 083 Findings Form. Please include a self-addressed postage paid return envelope
and a check/money order for the fee(s) of \$15.00 per person, payable to the Treasurer State of Maine. Please mail
your requests to DHHS, Child Protective Intake, Records Research, SHS 11, 221 State Street, Augusta, ME 04333.
For questions please call 1-800-452-1999 x2.



MAINE

CONFIDENTIAL MAIL-IN VOLUNTEER REFERENCE CHECK

_____ has applied for a volunteer position with the Court Appointed Special Advocates (CASA) of Maine and has given your name as a reference. Please take a few moments to provide us with the following information and fax or mail this back to us ***within 7 days***. Thank you.

Please answer the following questions to the best of your ability and return this form within 7 days. All information will be kept strictly confidential.

Volunteer's Name _____

My Name _____

Relationship to volunteer candidate: (Circle One) Employer Co-worker Friend

Other (indicate) _____

In what capacity, if any, have you observed the applicant interacting with children? _____

How well does the applicant relate to children? _____

The following is a list of qualities. Please rate the candidate as excellent, good, poor or don't know.

	Excellent	Good	Poor	Don't Know
Commitment				
Flexibility				
Responsibility				
Dependability				
Exercises good judgment				
Lack of bias				
Reliability				
Self-esteem				
Sensitivity to others				
Emotional stability				
Understanding of children				
Working with other adults				
Ability to organize				
Sense of humor				

Please share your impression and knowledge of the applicant's qualifications for the position by using specific examples where possible.

1. How would you rate the applicant's ability to advocate for abused and neglected children?

☐ Excellent

Comments:

☐ Good

☐ Fair

☐ Poor

How well does the applicant work with people who are developmentally disabled, non-traditional, and/or from different cultural, religious or economic backgrounds?

☐ Excellent skills

Comments:

☐ Adequate skills

☐ Poor skills

4. Would you recommend this person?

☐ Yes

Comments:

☐ No

Name

Date

Thank you! We appreciate your assistance in helping CASA select the best-qualified people to serve in volunteer roles.

Please return to:

CASA

171 State House Station
Augusta, ME 04333

OR fax to (207) 287-7553